Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A

Page 22a OMB No.:

State/Territory: ___CALIFORNIA

Citation		Condition or Requirement
1902(u) of the Act	9.1	For COBRA continuation beneficiaries, the resource standard is:
		Twice the SSI resource standard for an individual.
		More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

TN No. 92-19
Supersedes Approval Date JUN 24 1994 Effective Date JAN 01 1993 TN No. _____ HCFA ID: 7985E

Revision:

HCFA-PM-93-5

(MB)

ATTACHMENT 2.6-A Page 23

MAY 1993

CALIFORNIA State:

Citation

Condition or Requirement

1902(u) of the Act

10. Excess Resources

Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only
 - This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
- c. Medically Needy

Any excess resources make the individual ineligible.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A Page 24 OMB No.: 0938-

State: CALIFORNIA

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility
	a. Groups Other Than Qualified Medicare Beneficiaries
	(1) For the prospective period.
	Coverage is available for the full month if the following individuals are eligible at any time during the month.
	$\frac{X}{X}$ Aged, blind, disabled. AFDC-related.
	Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.
	Aged, blind, disabled. AFDC-related.
	(2) For the retroactive period.
	Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:
	Aged, blind, disabled. AFDC-related.
	Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied
	<pre>_X Aged, blind, disabledX AFDC-related. ***</pre>
** ALL OTHER GROUP	PS

36-3

TN No. 92-/9 Supersedes TN No.	Approval	Date	JUN 24 1994	Effective	Date	JAN 01 1993
				HCFA ID:	7985	E

Revision: HCFA-PM-92-1(MB)

February 1992

ATTACHMENT 2.6-A Page 25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:	CALIFORNIA
SIAIE:	CHILLOIMIN

	LIFORNIA
ELIGIBILITY CON	IDITIONS AND REQUIREMENTS
Citation(s)	Condition or Requirement
1920(b)(1) of X the Act	(3) For a presumptive eligibility period for pregnant women only.
	Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) <u>X</u> b. and 1905(a) of the Act	For qualified Medicare beneficiaries defined in Section 1905(p)(1) of the Act; coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under Section 1905(p)(1). The eligibility determination is valid for
	X 12 months
	6 months
	months (no less than 6 months and no more than 12 months)
TN No. <u>93-015</u>	MAR 22 1994

Supersedes Approval Date MAN 22 133 Effective Date OCT 01 1993
TN No. 92-19

ATTACHMENT 2.6-A

Page 26 OMB No.: 0938-

State	Territory CALIFORNIA
Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals
	The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.
	Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to ATTACHMENT 2.6-A.
1917 of the Act	12a. Transfer of assets (income and resources) occurring on or after August 11, 1993 shall be treated in accordance with Section 1917 of the Act.
1924 of the Act	13. The agency complies with the provisions of Section 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.
	When applying the formula used to determine the amount of resources protected for community spouses in initial eligibility determinations, the State standard for community spouses is
	X the maximum standard permitted under law;
	the minimum standard permitted by law; or
	a standard that is an amount between the minimum and the maximum. The amount is (specify amount or how it is calculated).